

County: Brown
WESTERN VILLAGE
1640 SHAWANO AVENUE

Facility ID: 3770

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GREEN BAY 54303 Phone: (920) 499-5177
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 120
Total Licensed Bed Capacity (12/31/02): 125
Number of Residents on 12/31/02: 117

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 113

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.6
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		41.9
Supp. Home Care-Household Services	No	Developmental Disabilities	3.4	Under 65	12.8	More Than 4 Years		26.5
Day Services	No	Mental Illness (Org./Psy)	11.1	65 - 74	12.8			-----
Respite Care	Yes	Mental Illness (Other)	0.9	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.6	95 & Over	4.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	16.2	65 & Over	87.2	-----		
Transportation	No	Cerebrovascular	6.8		-----	RNs		7.3
Referral Service	No	Diabetes	6.8	Sex	%	LPNs		7.7
Other Services	No	Respiratory	3.4	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	46.2	Male	33.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.7			41.0
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	22	100.0	305	70	88.6	98	0	0.0	0	13	92.9	147	0	0.0	0	2	100.0	325	107	91.5
Intermediate	---	---	---	2	2.5	82	0	0.0	0	1	7.1	147	0	0.0	0	0	0.0	0	3	2.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	7	8.9	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	6.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		79	100.0		0	0.0		14	100.0		0	0.0		2	100.0		117	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health		5.3	Bathing		2.6	72.6		24.8	117
Private Home/With Home Health		2.1	Dressing		14.5	68.4		17.1	117
Other Nursing Homes		0.5	Transferring		28.2	47.9		23.9	117
Acute Care Hospitals		91.0	Toilet Use		18.8	51.3		29.9	117
Psych. Hosp.-MR/DD Facilities		0.0	Eating		69.2	23.1		7.7	117
Rehabilitation Hospitals		0.0	*****						
Other Locations		1.1							
Total Number of Admissions		188	Continence		%	Special Treatments		%	
Percent Discharges To:			Indwelling Or External Catheter		2.6	Receiving Respiratory Care		7.7	
Private Home/No Home Health		31.0	Occ/Freq. Incontinent of Bladder		51.3	Receiving Tracheostomy Care		0.9	
Private Home/With Home Health		21.7	Occ/Freq. Incontinent of Bowel		29.1	Receiving Suctioning		1.7	
Other Nursing Homes		6.0				Receiving Ostomy Care		1.7	
Acute Care Hospitals		7.6	Mobility			Receiving Tube Feeding		1.7	
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		0.9	Receiving Mechanically Altered Diets		17.9	
Rehabilitation Hospitals		0.0							
Other Locations		6.5	Skin Care			Other Resident Characteristics			
Deaths		27.2	With Pressure Sores		10.3	Have Advance Directives		55.6	
Total Number of Discharges			With Rashes		3.4	Medications			
(Including Deaths)		184				Receiving Psychoactive Drugs		63.2	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									

		This Facility	Ownership:		Bed Size:		Licensure:		
			Proprietary		100-199		Skilled		All
		%	Peer Group		Peer Group		Peer Group		Facilities
			%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		90.4	84.7	1.07	85.7	1.05	85.3	1.06	85.1 1.06
Current Residents from In-County		93.2	81.6	1.14	81.9	1.14	81.5	1.14	76.6 1.22
Admissions from In-County, Still Residing		17.0	17.8	0.96	20.1	0.85	20.4	0.83	20.3 0.84
Admissions/Average Daily Census		166.4	184.4	0.90	162.5	1.02	146.1	1.14	133.4 1.25
Discharges/Average Daily Census		162.8	183.9	0.89	161.6	1.01	147.5	1.10	135.3 1.20
Discharges To Private Residence/Average Daily Census		85.8	84.7	1.01	70.3	1.22	63.3	1.36	56.6 1.52
Residents Receiving Skilled Care		91.5	93.2	0.98	93.4	0.98	92.4	0.99	86.3 1.06
Residents Aged 65 and Older		87.2	92.7	0.94	91.9	0.95	92.0	0.95	87.7 0.99
Title 19 (Medicaid) Funded Residents		67.5	62.8	1.08	63.8	1.06	63.6	1.06	67.5 1.00
Private Pay Funded Residents		12.0	21.6	0.55	22.1	0.54	24.0	0.50	21.0 0.57
Developmentally Disabled Residents		3.4	0.8	4.29	0.9	3.73	1.2	2.89	7.1 0.48
Mentally Ill Residents		12.0	29.3	0.41	37.0	0.32	36.2	0.33	33.3 0.36
General Medical Service Residents		46.2	24.7	1.87	21.0	2.19	22.5	2.05	20.5 2.25
Impaired ADL (Mean)		47.2	48.5	0.97	49.2	0.96	49.3	0.96	49.3 0.96
Psychological Problems		63.2	52.3	1.21	53.2	1.19	54.7	1.16	54.0 1.17
Nursing Care Required (Mean)		5.7	6.8	0.84	6.9	0.82	6.7	0.84	7.2 0.79